



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

9/12
6/3/04
[Signature]

Applicants: Mats A.
Brenner

Serial No.: 09/691,690

For: **APPARATUS FOR
NAVIGATION SATELLITE
SIGNAL QUALITY
MONITORING**

Filed: October 18, 2000

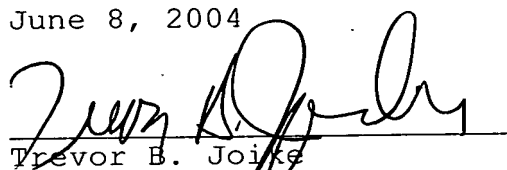
Group Art Unit: 2631

Confirmation No.: 4875

Examiner: K. Tran

) I hereby certify that this
) paper is being deposited
) with the United States
) Postal Service as first
) class mail, postage prepaid,
) in an envelope addressed to:
) Commissioner for Patents,
) P.O. Box 1450, Alexandria,
) VA 22313-1450 on this date:

) June 8, 2004

) 
) Trevor B. Joike
) Reg. No. 25,542
) Attorney for Applicants

RESPONSE TO 03/09/04 OFFICE ACTION

RECEIVED

Commissioner for Patents
P.O. Box 1450,
Alexandria, VA 22313-1450

JUN 23 2004

Technology Center 2600

Dear Sir:

INTRODUCTION

Claims 1-45 remain in the application. Claims
1-42 are rejected.

05/17/2004 KHEKONEN 00000107 09691690

0% FC:1201
02 FC:1202

86.00 DP
36.00 DP

TELEPHONE (312) 258-5500



SCHIFF HARDIN LLP

PATENT DEPARTMENT

6600 SEARS TOWER

233 SOUTH WACKER DRIVE

CHICAGO, ILLINOIS 60606

H26546US

CONF. NO.: 4875

In re application of

Mats A. Brenner

Serial No.:

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For:

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RESPONSE TO 03/09/04 OFFICE ACTION

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below.

RECEIVED

JUN 23 2004

Technology Center 2600

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	*45	MINUS	43	X 2	() X 9.00 (X) X 18.00	\$36.00
INDEP. CLAIMS	* 4	MINUS	3	X 1	() X 43.00 (X) X 86.00	\$ 86.00
Application amended to contain any multiple dependent claims not previously paid for.				() YES () NO	() \$135.00 () \$270.00 ONE TIME	\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$122.00	

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated _____ for _____ month so that the period for response is extended to _____. A check in the amount of \$ _____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ _____ is attached.

☐ A check for \$ _____ accompanying IDS under 37 CFR 1.97(c) is attached

☐ A check for \$ _____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.

When phoning re this application, please call (312) 258-5774.

SCHIFF HARDIN LLP (Customer Number: 000128)

Patent Department

BY

(25,542)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June 8, 2004.

Trevor B. Joike

NAME OF APPLICANT'S ATTORNEY

SIGNATURE

June 8, 2004

DATE